

INCOME TAX REFUND REQUEST
 CITY OF SPRINGFIELD, INCOME TAX DIVISION
 76 EAST HIGH STREET
 SPRINGFIELD, OHIO 45502
 PHONE (937) 324-7357

Account # _____
 (FOR OFFICE USE ONLY)

PLEASE REVIEW INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING FORM

PART A

Name _____ (print first name, middle initial, last name) Social Security # _____
 Present Address _____ (street, apt #) Phone # _____
 _____ Email _____
 _____ (city, state and zip code)

2018 AND FORWARD SPRINGFIELD TAX RATE: 2.40%
2017 SPRINGFIELD TAX RATE: 2.20%
JEDD TAX RATE (ALL YEARS): 1.00%

TAX YEAR _____ REFUND AMOUNT CLAIMED \$ _____

PART B

<u>Employer Name</u>	<u>Location Worked</u>	<u>Taxable Income</u>	<u>Tax Due</u>	<u>Less Amount Withheld</u>	= <u>Refund Amount</u>
_____	_____	_____	_____	_____	_____

Please provide a clear and concise explanation of reason for refund:

EMPLOYEE AFFIDAVIT: The undersigned states that all facts and figures given on this form are true and complete to the best of his/her knowledge and belief; that no such refund has previously been claimed or received by him/her; and understands that this information may be released to the Internal Revenue Service and the municipality of residence.

Employee Signature _____ Date _____

PART C

EMPLOYER VERIFICATION AND AFFIDAVIT: I hereby certify that _____ (employee name) was employed by the undersigned during the period for which said employee makes claim for refund and that _____% or the amount of \$_____ **was withheld in excess** of his/her liability based on the above stated facts and calculations; and that no portion of said tax withheld has been or will be refunded directly to the employee, and no adjustment in withholding remittance has been or will be made. I further declare that the information contained herein is true and correct to the best of my knowledge and belief and that I am authorized to provide this information.

Authorized Name _____ Title _____
 (Print first name, middle initial, last name)

Authorized Signature _____ Date _____

Name of Employer _____ Phone _____

INSTRUCTIONS

1. THIS FORM IS INTENDED ONLY FOR THE USE OF **NON-SPRINGFIELD** RESIDENTS AND/OR THOSE UNDER 18 YEARS OF AGE.
2. Do not combine refund claims for more than one employer. A separate form must be completed for each employer for which you are claiming a refund of income tax withheld.
3. All claims must be properly signed by the claimant.
4. All claimants must complete Parts A and B and attach copy of W-2 showing Springfield withholding and box 5 Medicare wages.
5. Unless you are under the age of 18, or unless your employer has submitted a list of employees who are eligible for a refund, you must have an authorized officer or agent of your employer complete Part C of this form.
6. Refund claims for persons under 18 years of age must include verification of the exact birth date of claimant, i.e., photo copy of birth certificate, driver's license or state issued identification card.
7. **You must file a City of Springfield Income Tax Return in place of this form if: a)** you were a resident of the City of Springfield for any part of the tax year in question; **or b)** you are a Springfield resident whose 18th birthday occurred during the tax year in question. For these situations, additional documentation will be required, including but not limited to copies of pay stubs, verification of move dates, proof of date of birth, and/or copies of Federal Schedules C and/or E.
8. **You must file a City of Springfield Income Tax Return in addition to this form if: a)** you were a part year Springfield resident and worked in another city; **or b)** you owned rental property located inside the City of Springfield or you were self-employed and conducted business inside the City of Springfield during the tax year in question.
9. No refunds of less than \$10.01 will be issued.
10. Refund claims will not be honored beyond three (3) years from the date the taxes were due.
11. Please allow ninety (90) days for processing your *completed* refund claim.

*****PLEASE NOTE: INCOMPLETE CLAIMS CANNOT BE PROCESSED AND WILL BE RETURNED TO CLAIMANT*****

The following worksheet is to be completed only by those claiming specific days worked outside the City of Springfield supported by a log or schedule of dates and places worked.

WORKSHEET

Please note that the *average* working year consists of 260 available working days, excluding Saturdays and Sundays. Adjustments may be made to account for various individual work schedules. Training sessions, seminars, meetings, and temporary or casual employment, although they may be outside the city, do not constitute changes in work situs and are not factors in determining time worked outside the city.

(A) TOTAL DAYS AVAILABLE _____

(B) LESS VACATION DAYS _____

(C) LESS SICK DAYS _____

(D) LESS HOLIDAYS _____

(E) LESS OTHER NON-WORKING DAYS _____

(F) TOTAL WORKING DAYS _____

(G) DAYS WORKED OUTSIDE THE CITY OF SPRINGFIELD (**ATTACH REQUIRED LOG**).. _____

(H) DAYS WORKED INSIDE THE CITY OF SPRINGFIELD..... _____

COMPUTATION

Compute the amount to be entered as taxable city income by multiplying total income (from box 5 of W-2) by the ratio of actual days worked in the City of Springfield to total working days:

_____ ÷ _____ X _____ = \$ _____
 (LINE H) (LINE F) (TOTAL INCOME) (TAXABLE CITY INCOME)

INCOME TAX WITHHELD BY EMPLOYER (FROM W-2) _____

LESS INCOME TAX DUE (TAXABLE CITY INCOME x TAX RATE %) _____

REFUND CLAIMED _____

(to Page 1, Part B)